

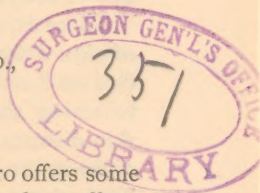
MORISON. (R. B.)
Compliments of the author.

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**PERSONAL OBSERVATIONS ON SKIN DISEASES
IN THE NEGRO.¹**

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THE study of skin diseases in the negro offers some points of interest which it may perhaps be well to note in order that the attention of those among us who come into contact with this race may be called more particularly to the difference of the lesions as compared to the white race.

A difference in the symptoms and general appearances would, from the nature of the race, suggest itself before experience had taught one the fact. In a dispensary such as the one here quoted from, where fifty per cent. of the skin cases are black or modifications of black, an opportunity is offered for close observation of certain peculiarities which deviate from the ordinary or orthodox symptoms seen in the whites. It may be due to this race that the American dermatologist is so often quoted as saying there is a difference between skin diseases in America and in Europe. The negro race does present a modification of such diseases, thereby rendering the total average

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of skin symptoms somewhat different to the European stereotyped forms, but when considering the white race the specialist, from my own observation, meets the same diseases here as there, leaving out of the question those which are rarely, if ever, seen in this country.

There is, however, something in the appearance of skin diseases in the black race which might confuse an European specialist who was unaccustomed to seeing them, for they seem to be less liable to skin diseases of a severe type than the whites. They suffer in the aggregate as often, but far less severely. Their skins are less sensitive to heat, poisons, irritants, nervous lesions—disease of the nerves being a theoretical method of explaining unknown causes—to constitutional or to general influences.

My attention being attracted by such differences, notes were begun by which a more careful comparison could be made over a series of years and a certain number of cases. In the record made on the dispensary books the color of the patient was noted, whether dark or light—that is, whether true black or mulatto, and they have thus been kept for three years, making a sufficient number to show by percentage and histories wherein the differences have presented themselves to me.

It is hardly necessary to state that the normal skin of the black race is histologically more coarse and thick than that of the white. It is composed of more dense fibrous tissue, the glands are larger as are also the nerves and vessels running into the papillary layer. The epidermis is thicker and slightly yellowish in color, thereby adding somewhat

to the general color of the skin. The blackness of the pigment granules determines the color of the skin, there being no appreciable difference in the thickness of the pigment layer between the true black and the mulatto. There are fewer elastic fibres in the negro skin and more subcutaneous adipose tissue than in the white. The nerves, though larger, are less sensitive both to external and internal agencies. These histological differences may help to explain the modified symptoms which their skin diseases present.

I have tabulated, for the purposes of comparison, 500 cases of each race—the black and the white—and shall run over each disease as it comes up alphabetically. These cases were taken from the last three years of the dermatological clinic of the Baltimore Polyclinic and represent all the cases without exception up to 500 which have been recorded within that time.

The table of the blacks is divided into those who are black or true negroes and those who are mulattoes. I consider this an important division, as most generally the nearer the color approaches to white the less difference there is in the lesions.

The first disease on the list is *Acne*. Acne in the black is a rare disease. Out of my 500 cases only 9 are acne and they all were mulattoes. The white list shows 39, which is four times as many. Out of all the cases of the negro seen in private or public practice and of all the negroes purposely noticed in passing, it has been rare to discover an acne in the black. I have had only one case in private practice.

TABLE OF 500 CASES OF WHITES.

	Male.	Female.	Total.
Acne	22	17	39
Alopecia areata	...	1	1
Angioma	...	1	1
Chancre	4	1	5
Chilblain	3	...	3
Chloasma	...	2	2
Dermatitis ven.	2	4	6
Eczema (acute)	68	92	160
“ (chronic)	12	13	25
Elephantiasis Arabum	...	1	1
Epithelioma	2	1	3
Erysipelas	...	5	5
Erythema multif.	4	3	7
“ nodosum	...	1	1
“ papulat.	...	2	2
“ urticans	...	2	2
Favus	1	1	2
Furunculosis	3	4	7
Herpes	...	4	4
“ zoster	13	4	17
Ichthyosis	1	1	2
Impetigo contag.	3	9	12
Lichen planus	3	1	4
Pediculi	4	1	5
Prurigo	3	...	3
Pruritus	2	3	5
Psoriasis	11	15	26
Purpura hem.	1	1	2
Scabies	5	6	11
Sycosis non par.	2	...	2
Syphilis, secondary	21	19	40
“ tertiary	13	18	31
“ congenital	4	4	8
Tinea tonsurans	8	6	14
“ versicolor	5	3	8
Tylosis	...	2	2
Ulcer (syphilitic)	7	8	15
“ (varicose)	...	3	3
Urticaria	4	7	11
Varicella	7	1	8
Verruca	1	...	1
Vitiligo	...	1	1

TABLE OF 500 CASES OF NEGROES.

	BLACK.		MULATTO.		Total.
	Male.	Female	Male.	Female	
Acne	...	...	2	7	9
Ainhum	2	...	...	...	2
Chancre	...	...	1	1	2
Chilblain	2	3	3	2	10
Chloasma	...	3	...	...	3
Elephantiasis Arabum	...	2	...	...	2
Erythema multif.	...	2	...	...	2
" nodosum	...	...	...	2	2
Eczema (acute)	18	22	24	32	96
" (chronic)	6	20	3	4	33
Favus	2	...	...	...	2
Furunculosis	...	...	...	2	2
Herpes	...	...	4	6	10
" zoster	1	1	...	2	4
Impetigo contag.	2	2	1	4	9
Keloid	...	3	..	...	3
Lichen scrofulosus	1	...	...	...	1
Lupus vulgaris	...	2	...	...	2
Lymphadenitis	...	...	7	8	15
Measles	...	1	...	...	1
Molluscum contag.	1	...	...	...	1
Pediculi	6	4	2	...	12
Pruritus	9	15	...	...	24
Psoriasis	2	...	...	4	6
Scabies	2	3	...	1	6
Seborrhœa cap.	...	2	2	8	12
Sudamina	1	...	...	...	1
Sycosis non par.	1	...	...	...	1
Syphilis, congenital	...	...	5	...	5
" secondary	20	20	35	16	91
" tertiary	12	5	3	2	22
Tinea tonsurans	15	16	6	5	42
" versicolor	...	...	...	2	2
Ulcer (syphilitic)	3	4	4	1	12
" (varicose	1	3	...	...	4
Urticaria	1	2	6	8	17
Varicella	2	...	8	12	22
Verruca	3	5	...	...	8
Vitiligo	2	2	...	...	4

It appears in a mild punctate form, does not become indurate, and is easily cured by local applications. Itching accompanies it, according to the statement of the patients. No cases of rosacea, of rhinophyma, or coachman's nose, were seen.

The diagnosis is easy, differing from the punctate form of the whites only in the color of the surrounding skin and in the absence of redness in the papules.

Ainhum is a disease of the negro race and the two cases reported were both in black negroes who were sailors. One of them had previously lost the little toe of the left foot, he being now troubled with the disease in the little toe of the right foot. There was no history of self-mutilation. They seemed both above the average negro in intellect.

Chancre presents no differences excepting in the amount of induration, which is greater in the negro. One of those reported here and one of those reported in the white list were upon the upper lip of a female.

Chilblain is a common disease in the negro. It is less intense in the inflammation than in the white, but there is more itching and it is more chronic. In this record of ten cases there is no difference between the frequency of it in the black and in mulattoes. It seldom is so troublesome as to call for a physician's advice, but there are few negroes who will not say when asked, as I have found, that they are martyrs to chilblains.

Chloasma is a common disease in negro women. Few think it necessary to undergo treatment for it, but I have often noticed it when they come for some other trouble. Its appearance is that of a loss of pigment. In the black woman there is a yellowish

spot on a dark back ground. Treatment is consequently reversed: we must produce pigment not abstract it.

Elephantiasis Arabum in the negro in this country usually follows syphilis, as in the two cases here observed. One of these was diseased in both vulvæ, which were finally removed by the knife. An interesting arrangement of the pigment in the histological specimens made from this case was reported previously by the author in THE MEDICAL NEWS of April 23, 1887.

Erythema multiforme appears in small or large spots without redness, but with burning and itching which so much overshadow the other symptoms that doubtless many cases are overlooked. There has been such violent scratching as to produce a confusion in diagnosis. The cases here reported were in their incipency, on the back of the hands and arms of two black females who washed for a living. The patches were slightly indurated raised above the surrounding skin, different in size, whitish upon their surface, and rendered pale upon pressure. In places there was evidence of scratching and rubbing, so that some of the patches were obscured.

Erythema nodosum is represented by two mulatto women and was situated upon the legs below the knees. The nodes were raised, copper-reddish, large, indurated, painful, and itching. They disappeared promptly under tonic treatment. The pain in these cases was less than in the whites, but the itching greater.

Eczema. Acute eczema is much less common and much less severe in the negro than in the white race.

Out of 500 cases there were recorded 96, which is about 19 per cent. This is a much smaller percentage than is usual, for we see out of the 500 whites there are 160 acute eczemas, which is about 30 per cent. of the whole, the usual percentage in dispensaries. Looking at the record more closely, we notice that there are fewer cases among the true negro than the mulatto—40, or less than half, being dark. The majority of cases reported among the dark females are due to washing and are localized upon the hands.

I have no case of acute universal eczema recorded among the dark male or female. There are favorite situations for it to appear in this class, such as the instep or heel, the back of the hand, the neck, the knee-joint, and armpit. It appears in spots, dry and scaly, with a grayish-white, dirty-looking, thin crust covering them. They differ in size, from a ten-cent piece to twice the size of one's hand. They itch constantly, but not intensely. They have the appearance of spots of dust upon a black coat, which may be brushed off. *E. rubrum*, *papulosum*, or *vesiculosum universale* I have not seen among them. The babies, however, do sometimes have a modified form of milk-crust, which approaches nearly to an ordinary moist eczema.

Among the mulattoes there is little difference between them and the whites in their symptoms. Their babies suffer from milk-crust just as frequently, and they themselves pass through an attack of acute eczema in the same way. They seem, however, more amenable to treatment, and less liable to intense itching than the whites.

In chronic eczema we find that the black negro outnumbers the mulatto. Of the 20 black females, 15 have washerwoman's eczema of the hands, the other 5 being spots upon the head or neck. The men have had theirs produced by oyster shucking or other occupations. These eczemas take on a form of keratosis, which nothing but change of occupation will cure.

Chronic eczema in the mulatto does not differ from that of the whites, other than that the itching is less acute.

Favus is rare in the negro. The short wool which covers the head, and which, even in babies, is, according to their custom, most often kept closely shorn, accounts for this fact. The parasite does not get a chance to grow. It is easily got rid of by treatment.

Furunculosis is a disease which is apparently infrequent in the negro, although the smallness of the number in this record is probably due to the fact that such cases are turned over to the surgeon.

Herpes facialis is a common disease among negro babies; so common that it is rarely thought necessary to consult a physician. It is, to a great extent, produced by the so-called "sugar-teat" which pickaninnies are allowed to suck constantly. The "sugar-teat" is a piece of fat bacon dipped into brown sugar or molasses, and wrapped in a piece of old linen cloth. This form of herpes takes the place of milk-crust in the negro, and is the only form of simple herpes here recorded.

In *herpes zoster* the pain preceding the eruption in the black is less severe, and less prolonged than

in the white. There is decided itching rather than pain or burning, and when the vesicles appear they are white, on a black, somewhat indurated ground, containing the usual quality and quantity of serum. They sometimes leave—as in one of the cases here reported—pits, with loss of pigment, which last the rest of life. Slight keloidal growths sometimes follow in the wake of the largest vesicles.

The symptoms of *impetigo contagiosa* are indistinct, and not so characteristic as in the whites. The eruption is not profuse; there is little or no coalescing of pustules. There is considerably more itching, and the crusts formed after scratching are more yellow. Upon their removal they disclose a slightly reddish, glossy surface, which soon heals, leaving for a while a whitish spot. It is not very contagious, and it may be confounded with herpes in diagnosis.

Keloid. Negroes are much more prone to keloid than the whites. Two of the cases here reported were the result of smallpox, the keloidal growths surrounding the pits, making a network of hypertrophied eschars resembling the surface of a raised map. Such a result is not uncommon after smallpox in the negro. The third case reported followed piercing of the ears for ear-rings, and the size of the growth was gradually increasing. All these cases were in the black or true negro. Keloid in the mulatto is almost as rare as in the white race, and it does not grow with such rapidity as in the black.

Lupus appears to be uncommon in the negro. In view of the fact that this disease is now called tuberculous, it seems rather incongruous. The negro is

supposed to be especially susceptible to tuberculosis. He lives in a meaner and far less healthy hygienic condition than his white neighbor; the moral tone and promiscuous intermingling of the sexes are not conducive to strength of body or cleanliness of the skin, and yet a disease like lupus, which is apparently the outcome of such poor surroundings, is rarely seen among them. One of the cases recorded was that of a black girl, nineteen years old, whose cheeks, nose, chin, and lips were diseased. The mucous membrane of the nose and pharynx was also affected. Spooning and cauterization resulted, as might have been foretold, in the formation of a keloid half an inch wide, occupying the outer edge of disease upon the cheeks. Progress in this direction was stopped, while the rest of the surface within the keloidal circle has from time to time broken out afresh.

By the application of mercurial plasters and the use of electrolysis the keloid has been diminished to one-third its former size. There is a curious-looking white line an eighth of an inch in width stretching along the outer border of the keloid and the tubercles of the diseased portion heal by leaving a whitish spot behind. The patient is a large, robust, otherwise fine-looking young woman without any symptoms of tuberculosis elsewhere.

Lymphadenitis. Universal enlargement of the glands is very common in the mulatto, not so much so in the black. It is more common in both than in the white race. The lymphatic glands and vessels are histologically larger and are easily affected by an inflammation. Being liable

to glandular enlargement from slight causes other than syphilitic such enlargement does not materially assist in making a diagnosis of specific or of syphilitic disease. The cervical, inguinal, and other superficial lymphatic glands of young healthy negro children are often quite prominent and remain so during life. Suppuration is slow, while absorption of an enlarged gland by any means tried is seldom successful.

In the case of *molluscum contagiosum* observed the disease was upon the scrotum and penis, resembling the same disease in the white excepting that the contents of the small tumors were darker in color and mixed with pigment granules. Whitish spots remained for a while after the removal and healing of the tumors.

Pediculi. For the same reason that favus is rare—that is, because the head is so closely shorn, do we seldom see head-lice in negro children or men. The lesions produced by body-lice are slight and oftentimes unnoticed by the one bitten. The black man is somewhat impervious to the louse bite as he is to bed-bugs and mosquitoes. The poison of these venomous insects seems to be lost on the ebony color and texture of their skins.

Pruritus. Under this head I place all the troubles of the skin in the negro in which there is itching but no visible eruption. Apparently they have some of the diseases which white people have only in this form. It is very common to hear them complain of what they call an “eetching in the blood.” When uncovered there is nothing to be seen but a rough black skin which feels hard and dry. The surface

has lost its gloss and its elasticity is lessened. This condition of the skin I have only seen in the black, not in the mulatto. It is most often localized in such places as the front of the arms and legs and sides of the abdomen. The itching is constant, but not severe enough to cause traumatic scratching. The troublesome places are rubbed with the hand, seldom scratched. It does not fly from spot to spot, does not interfere with the occupation, and is most worrying at night. The treatment, which consists of hygienic measures combined with friction, is efficacious and seems to point to the cause as lying in an extra accumulation of effete epidermic cells.

In *psoriasis* the spots are covered with a more yellowish, less shiny crust than in the white. When punctate the crust is thicker than usual and is easily rubbed off. It then leaves a deep red, bleeding surface, the blood oozing freely from the minute vessels. As in other diseases of this race in which there is a sufficiently thick amount of epidermis removed, a white spot remains for a while after healing. In the orbicular form—as in one of the cases reported—many of the larger spots could still be seen after many years. It is not a common disease of the black and is easily cured. I have seen no relapses, nor had there been previous attacks as far as could be found out.

Scabies. Most of the cases of scabies which come to my dispensary are either imported by emigrants or caught from them. As there is little intercourse between blacks and whites there is little chance of transferring the itch mite from one to the other. The four females reported here thought they caught

it from washing the soiled clothes of white people. The two men had just returned from oyster-dredging on the Chesapeake Bay, where whites and blacks are mixed promiscuously and where ignorant foreigners are enticed before they know what a terrible life is before them.

The lesions produced by the itch mite in the negro are modified when compared to the whites. There is less inflammation, less excoriation, and the number of burrows fewer and shorter than in the white.

Seborrhœa capitis is a common disease of negro women, and is so common that they very seldom consult a physician for it. If, however, the heads of black women who present themselves for other troubles be looked at, it will be seen, according to my experience, that about fifty per cent. of them have a pityriasis with a collection of yellowish-looking crusts upon the scalp, with a line marking the limit of trouble at the edge of the hair growth. Want of cleanliness is the cause, and it is in such heads that pediculi are found in the negro women.

Syphilis. This disease in the negro offers many striking points of difference when compared with it in the whites, but time will hardly allow of more than the noting of a few salient points at present. It is a subject worth an especial study at some future day.

The time of incubation, or the time between the exposure and the appearance of the chancre, is generally less than in the white. The chancre is larger, more indurated, less painful, more apt to produce phimosis—if in the proper situation—and remains longer. The inguinal glands become more

enlarged and are more prone to suppuration. The secondary eruption is most often macular, sometimes papular or tubercular, rarely orbicular or ulcerous. The eruption may easily be overlooked, as there is no redness. The spots are slightly lighter in color and sometimes resemble closely the lesions in herpes tonsurans maculosus. Accompanying the eruption the patients complain of an itching and usually there are signs of scratching present. The mucous membrane of mouth, nose, and throat is usually diseased, and the lymphatic glands universally enlarged.

The tertiary stage is more sure to follow, as the negro is subject to nodes, gummata, chronic ulcers, and the various other syphilitic sequelæ. In summing up its usual course in the negro I should say the disease was more prompt in its first stage, less violent in its second, and more obstinately lasting in its third.

Tinea tonsurans will be seen, from this record, to be common with the negro, as it numbers over eight per cent. of all. The disease, whether in ring form or spots, differs from that in the whites in not having a surrounding red color. The scales appear more white upon the pigmented surface. There is slight itching and it seems to be more easily conveyed from one negro to another, or, at any rate, it runs through a family of them more promptly. Treatment is, nevertheless, sure, quick, and satisfactory.

Urticaria in the black negro is a mild disease. The wheals are not very distinct, not much raised, there is no redness in their periphery, their centres are lighter in color than the rest of the skin. There

are some burning and itching, but the linear stripes, so easily produced in whites by the nail, were not visible in the cases here reported.

Verruca.—Warts are common among the blacks. They are usually large papillomata, which must be energetically treated to be got rid of. They seem less frequent than fibroma in this race.

There is only one more disease which I wish to mention, and that is *dermatitis venenata*. It will be seen by the chart that there are no cases reported of it in the negro. I have not yet seen a case of what is called poison oak in this race. Several times I have asked country negroes if they have ever seen colored persons poisoned with poison oak.

The answer has been, "Yes, sah ; lots of them." When asked if there was any eruption, they said : "No, sah ; der isn't any ruption, but der's an awful eetching in dee blood."

Now, from what I have seen of negroes, I do not doubt that many times the itching is the only symptom which indicates any trouble of the black skin.

Not to carry this simple *résumé* too far, I wish only to remark that it seems to me probable that the pigmentation of the skin is the prime factor in causing the diseases of the skin in this race to differ from those of the white.

Whether any practical result in treatment may be obtained by following out and confirming this supposition must be left to a larger experience and to till closer observation.